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A Study To Assess The Effectiveness of Structured Teaching Programme on Knowledge and Attitude Regarding Selected Government Yojanas Related to Maternal And Child Health Services among Married Women Living In Selected Rural Areas of Ahmedabad District

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Abstract

A pre-experimental research study was conducted to assess the effectiveness of structured teaching programme on knowledge and attitude regarding selected Government Yojanas related to maternal and child health services among married women living in selected rural areas of Ahmedabad district. The objectives of the study were (1) To assess the pre-test level and post-test level of knowledge regarding selected Government yojanas related to maternal and child health services among married women living in selected rural areas of Ahmedabad district. (2) To assess the pre-test level and post-test level of attitude regarding selected Government yojanas related to maternal and child health services among married women living in selected rural areas of Ahmedabad district. (3) To evaluate the effectiveness of structured teaching programme regarding selected Government yojanas related to maternal and child health services among married women living in selected rural areas of Ahmedabad district. (4) To identify association between pre-test knowledg with selected demographic variables regarding selected Government yojanas related to maternal and child health services among married women living in selected rural areas of Ahmedabad district. (5) To identify association between pre-test attitude with selected demographic variables regarding selected Government yojanas related to maternal and child health services among married women living in selected rural areas of Ahmedabad district.

A quantitative reserach approach was adopted. Research design: pre-experimental research dsign. Research setting: selected rural areas of Ahmedabad district. Women who were present at the time of data collection and participated in the study. Total 60 married women were participated in the study through non probability convenient sampling technique. In the view of the study, structured teaching programme on selected Government yojanas related to maternal and child health services was prepared. A structured knowledge questionnaire was prepared to assess the knowledge of the samples. A five point likert attitudescale was prepared to assess the attitude of the samples. Content validity of the developed tool and structured teaching programme

was established before the data collection. The reliability of the structured knowledge questionnaire and five-point likert's attitude scale was determined by split half method, (Karl Person's Formula). Reliability of structured knowledge questionnaire was 0.804, Reliability of structured Attitude scale was 0.875, which shows the attitude scale is reliable.

Data were analysed by using descriptive and inferential statistics. The mean pre-test knowledge score of women is 4.80 and the mean pre-test attitude score of women is 24.90. The mean post-test knowledge score of women is 15.83and the mean post-test attitude score of women is 39.13.
Findings related to assessment of level of knowledge shows, in pre-test majority 50 samples had poor knowledge level, 10 samples had average knowledge level and none of the sample had good knowledge level. Whereas in post- test 53 samples had good knowledge level, 7 samples had average knowledge level and none of the samples had poor knowledge level and findings related to assessment of level of attitude shows, in pre-test majority 7 samples had favorable attitude and 53 were having unfavorable attitude. Whereas in post-test 56 participant had favorable attitude and 4 samples had unfavorable attitude.
Findings related to effectiveness of planned teaching programme shows that there is significant difference between mean pre-test and post-test knowledge score($t=36.81$, $p<0.05$) and there is significant difference between mean pre-test and post-test attitude score ($t=27.49$, $p<0.05$).
Finding related to association shows significant association with demographic variables like religion and type of family on selected topic and pre-test knowledge score. Also shows significant association with demographic variables like no. of child and type of family and pre-test attitude score.

Keywords: Government Yojanas, Maternal and Child Health Services

Introduction:

In attempt to improve health and nutrition outcomes among both pregnant women and lactating mothers and children under 5, the government of india launched the **Pradhan Mantri Matru Vandana Yojana (PMMVY)** in 1st January 2017 by Honorable Prime Minister Mr. Narendra Modi to provide a conditional cash transfer (CCT) of Rs. 5,000 to first time pregnant women and lactating mothers. While conditional cash transfer are common policy tool worldwide, there are still research gaps in understanding how cash transfer impact health and nutrition outcomes**.**

Timely detection of risk factor during pregnancy and childbirth can prevent death due to 5 preventable causes. This can only possible if the complete range of the required services is accessed by the pregnant women.

Safe pregnancy has become a social movement in our country. Almost 15% of all pregnant women can develop potentially life threatening complications. As a result, identification of high risk pregnancies at earlier stage will be useful in directing appropriate intervention. The **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** was launched by the Ministry of Health and Family Welfare, Government of India on 9th June 2016. To determine the level of satisfaction among beneficiaries under PMSMA scheme.

After covering major disease such year, annual school health programme carried out for thr last two decades by health and education departments will now focus on birth defects, this year. **Atal Sneh Yojana** – screening of newborn for enhancement of health will be launched on former prime minister Atal Bihari Vajpayee's birthday , December 25. Gujarat chief minister Vijay Rupani announced this scheme during the state wide launch of school health programme for the year 2016-2017 at gandhinagar civil hospital on Monday. The annual health drive will screen children for two months starting Monday followed by treatment.

Mamta Abhiyan initiated by government of gujrat with support from UNICEF launched in 2006. Then phase-1 was launched on 11th April 2013 and phase-2 launched on 26th June 2014. Phase -1 focuses on facilities like drugs, diet, diagnostic, cleanliness, surgery. Phase-2 focuses on improving quality of services through supportive supervision. Mamta Abhiyan provided services for ANC and PNC and to decrease the MMR and IMR by their four component are: (1) Mamta divas (health and nutritional day), (2) Mamta mulakat (post natal care visit), (3) Mamta sandarbh (referral and services), (4) Mamta nondh (record and report).

Methods:

Study design:

selected for the present study is pre-experimental one group pre-test post-test design.

Subjects:

The sample comprised of the 60 women living in selected rural areas of Ahmedabad district. The investigator adopted non-probability, convenient sampling technique to select the samples. The samples who met the criteria for sample selection were selected. Women who are residing in selected rural areas of Ahmedabad district. The inclusion criteria are the Women whose are married and can understand and speak Gujarati, who are willing to participate in the study and who are present at the time of data collection.

Study tool:

A Structured knowledge questionnaire was administer to collect demographic information from the participants. It consists of Demographic variables. i.e age, religion, education, occupation, family income per month, type of family, mode of transportation, no of child, etc. Structured knowledge questionnaire consisted of items on knowledge regarding selected Government yojanas related to maternal and child health services. The investigator prepared five-point Likert's Attitude Scale to assess the attitude regarding selected Government yojanas related to maternal and child health services.

Data analysis:

The investigator planned to analyze data by using descriptive and inferential statistics. All the data has been analyzed by using frequency distribution, percentage and was presented in the form of the tables and graphs. The correlation between knowledge and attitude was shown by using Karl Pearson formula refers to a process for establishing whether there any relationship exist between

two variables or not. Chi Square test has been used to find association between selected demographic variables and knowledge as well as attitude.

Results:

the demographic characteristic of women, out of 60 samples, in age in year, 17(28.33%) were 18-24 year old, 24(40.00%) were 25-31 year old, 15(25.00%) were 32-38 year old, 4(6.67%) were 39-45 year old. In religion, 29 (48.33%) were hindu, 31 (51.67%) were muslim. In type of family, 30 (50.00%) were nuclear family, 30 (50.00%) were joint family. In occupation, 36 (60.00%) were House wife, 6 (10.00%) were self employed, 18 (30.00%) were labour. In education, 9(15.00%) were having no formal education, 28 (46.67%) were having primary education, 23 (38.33%) were having secondary education. In family income per month, 21 (35.00%) were having 5000-8000, 26 (43.33%) were having 9000-12000, 13(21.67%) were having more than 12000. In mode of transport, 18 (30.00%) were having private vehicle, 42 (70.00%) were having public vehicle. In no. of child 33 (55.00%) were having 0, 23(38.33%) were having 1, 4(6.67%) were having 2.

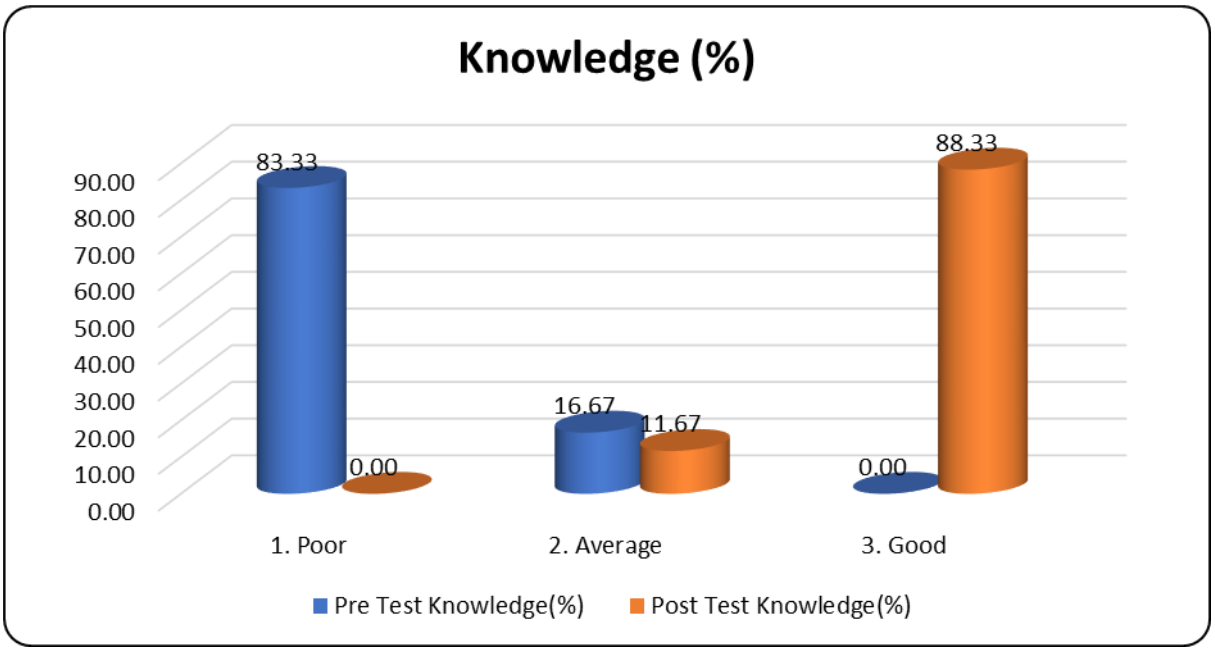
Table: 1 Demographic Variables of participants

SR. NO.	DEMOGRAPHIC VARIABLES	VARIABLES	F	Percentage (%)
1.	AGE IN YEAR	18-24	17	28.33%
		25-31	24	40.00%
		32-38	15	25.00%
		39-45	4	6.67%
2.	RELIGION	Hindu	29	48.33%
		Muslim	31	51.67%
3.	TYPE OF FAMILY	Nuclear	30	50.00%
		Joint	30	50.00%
4.	OCCUPATION	Home maker	36	60.00%
		Self Employed	6	10.00%
		Labour	18	30.00%
5.	EDUCATION	No formal Eduation	9	15.00%
		Primary	28	46.67%
		Secondary	23	38.33%
6.	FAMILY INCOME PER MONTH	5000-8000	21	35.00%
		9000-12,000	26	43.33%
		More thousand 12,000	13	21.67%
7.	MODE OF TRANSPORT	Private	18	30.00%
		Public	42	70.00%
8.	NO. OF CHILD	0	33	55.00%
		1	23	38.33%

		2	**4**	**6.67%**

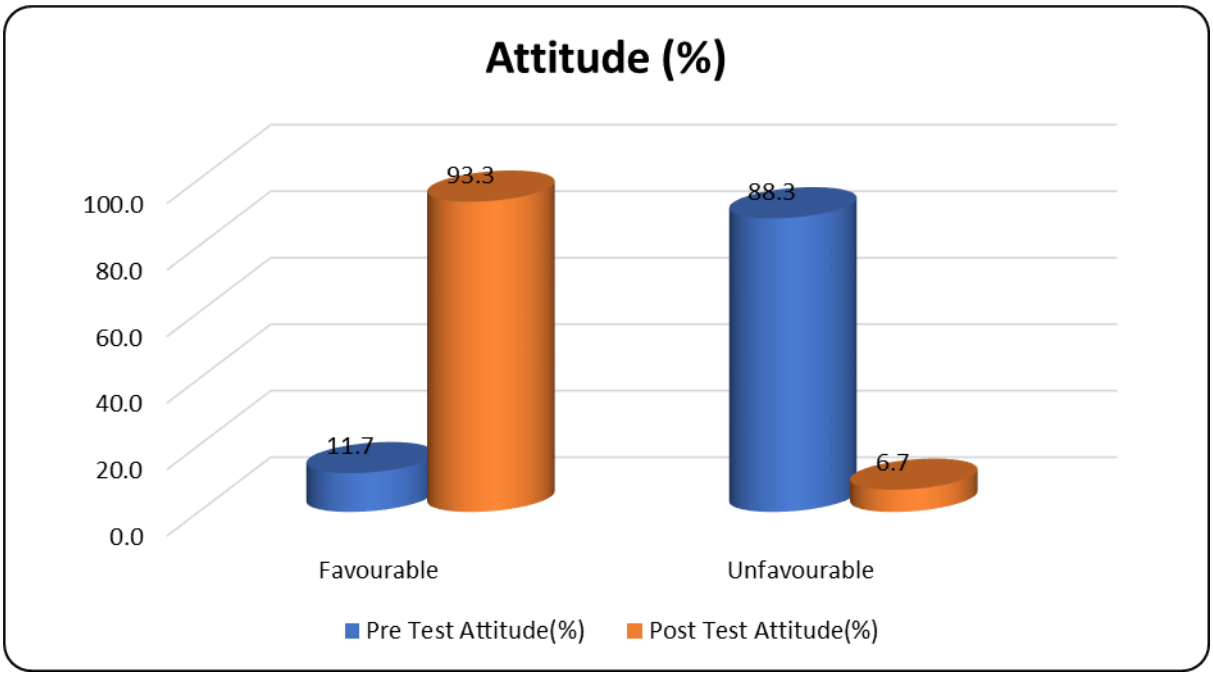
Result of knowledge among married women shows that in pre-test majority 50(83.33%) samples had poor knowledge level, 10(16.67%) samples have average knowledge of level and none of the sample had good knowledge level, whereas in post-test 53(83.33%) samples had good knowledge level, 7(11.67%) samples had average knowledge level and none of the sample had poor knowledge level.

Fig 1. Analysis of the level of knowledge in pre-test and post-test regarding selected Government yojanas related to maternal and child health services among married women.



Result of Attitude among married women shows that in pre-test majority 53(88.3%) samples had unfavorable attitude and 7911.7%) had favorable attitude. Whereas in post-test 56(93.3%) samples had favorable attitude and 4(6.7%) samples had unfavorable attitude.

Fig 2. Analysis of the level of Attitude in pre-test and post-test regarding selected Government yojanas related to maternal and child health services among married women.



The association of knowledge regarding selected Government yojanas related to maternal and child health services among married women and demographic variables Reveals that the demographic variables like religion and type of family on selected topic has the calculatedchi square value more than the table value at 0.05 level of significance and shows the presence of significant association between pretest knowledge score and mentioned demographic variables, whereas for the rest of the demographic variables like age in year, education, occupation, no. of child, mode of transportation, family income per month, there was no significant association. Hence we partially accept the hypothesis H3.

SR. NO.	DEMOGRAPHIC VARIABLES	f	Poor	Average	χ^2		df	Significance
					χ^2 value	P value		
1.	**Age in year** **a) 18-24** **b) 25-31** **c) 32-38** **d) 39-45**	17 24 15 4	15 21 11 3	2 3 4 1	1.874	0.599	3	NS

2.	**Religion** **a) Hindu** **b) Muslim**	29 31	21 29	8 2	4.819	0.028	1	S
3.	**Type of family** **a) Nuclear** **b) Joint**	30 30	28 22	8 2	4.320	0.038	1	S
4.	**Occupation** **a) House wife** **b) Self Employed** **c) Labour**	36 6 18	29 5 16	7 1 2	0.600	0.741	2	NS
5.	**Education** **a) No formal Eduation** **b) Primary** **c) Secondary**	9 28 23	7 22 21	2 6 2	1.709	0.425	2	NS
6.	**Family income per month** **a) 5000-8000** **b) 9000-12,000** **c) More thousand 12,000**	21 26 13	16 22 12	5 4 1	1.556	0.459	2	NS
7.	**Mode of transport** **a) Private** **b) Public**	18 42	17 33	1 9	2.286	0.131	1	NS
8.	**No. of child** **a) 0** **b) 1** **c) 2**	33 23 4	28 19	5 4	0.263	0.877	2	NS

			3	1				

DISCUSSION

The present study was conducted to assess the effectiveness of structured teaching programme on knowledge and attitude regarding selected Government Yojanas related to maternal and child health services among married women living in selected rural areas of Ahmedabad district. In orderto achieve the objective of the study, pre- experimental one group pre-test post-test was adopted.

The data was collected from 60 married women by using structured knowledge questionnaire and structured summative five-point likert attitude scale. The post-test knowledge score (mean 15.83) was higher than that of pre-test knowledge score (mean 4.80) and the post-test attitude score (mean 39.13) was higher than pre-test attitude score (mean 24.90) which was statistically proved and it revealed that planned teaching program was effective in terms of knowledge and attitude among married women.

In the present study the demographic variables like religion and type of family on selected topic has the calculatedchi square value more than the table value at 0.05 level of significance and shows the presence of significant association between pretest knowledge score and mentioned demographic variables, whereas for the rest of the demographic variables like age in year, education, occupation, no. of child, mode of transportation, family income per month, there was no significant association. Hence we partially accept the hypothesis H3.

The demographic variables like no. of child and type of family on selected topic has the calculated chi square value more than the t able value at 0.05 level of significance and shows the presence of significant association between pretest knowledge score and mentioned demographic variables, whereas for the rest of the demographic variables like age in year, education, occupation, religion, mode of transportation, family income per month, there was no significant association. Hence we partially accept the hypothesis H4.

The researcher found intervention is effective in increasing knowledge and improving attitude of the samples regarding selected Government yojanas related to maternal and child health services.

CONCLUSION:

From the above finding the conclusion can be drawn that samples are aware about selected Government yojanas related to maternal and child health services after exposure to structured teaching programme. Thus the Planned Teaching Programme was found effective in enhancing the knowledge and improve the attitude of women on selected Government yojanas related to maternal and child health services. There is association between pre test knowledge score with selected demographic variable such religion, type of family and shows significant association with demographic variables like type of family, no. of child and pre-test attitude score.

Conflict of interest statement: The authors have no conflict of interest to declare.

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